

Temescal Canyon High School  
Associated Student Body

# Check Request Form

***\*\*Check requests must be turned in by Monday @ noon in order for the check to be cut on Wednesday. Requests that do not meet this deadline will be processed the following week.***

Date \_\_\_\_\_

Pre-Approved Purchase Order # \_\_\_\_\_

Mail check to address below

Hold Check for Pick-up

Charge to (account name): \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Close PO???

YES

NO

**\*\*INVOICE OR RECEIPTS MUST BE ATTACHED\*\***  
**(Receipts need to be taped to a 8 ½ X 11 sheet of paper)**

*By signing this check request, I acknowledge receipt of the merchandise and have included items into perpetual inventory when needed.*

\_\_\_\_\_  
**Signature of Club Advisor**